

Event Layout Form



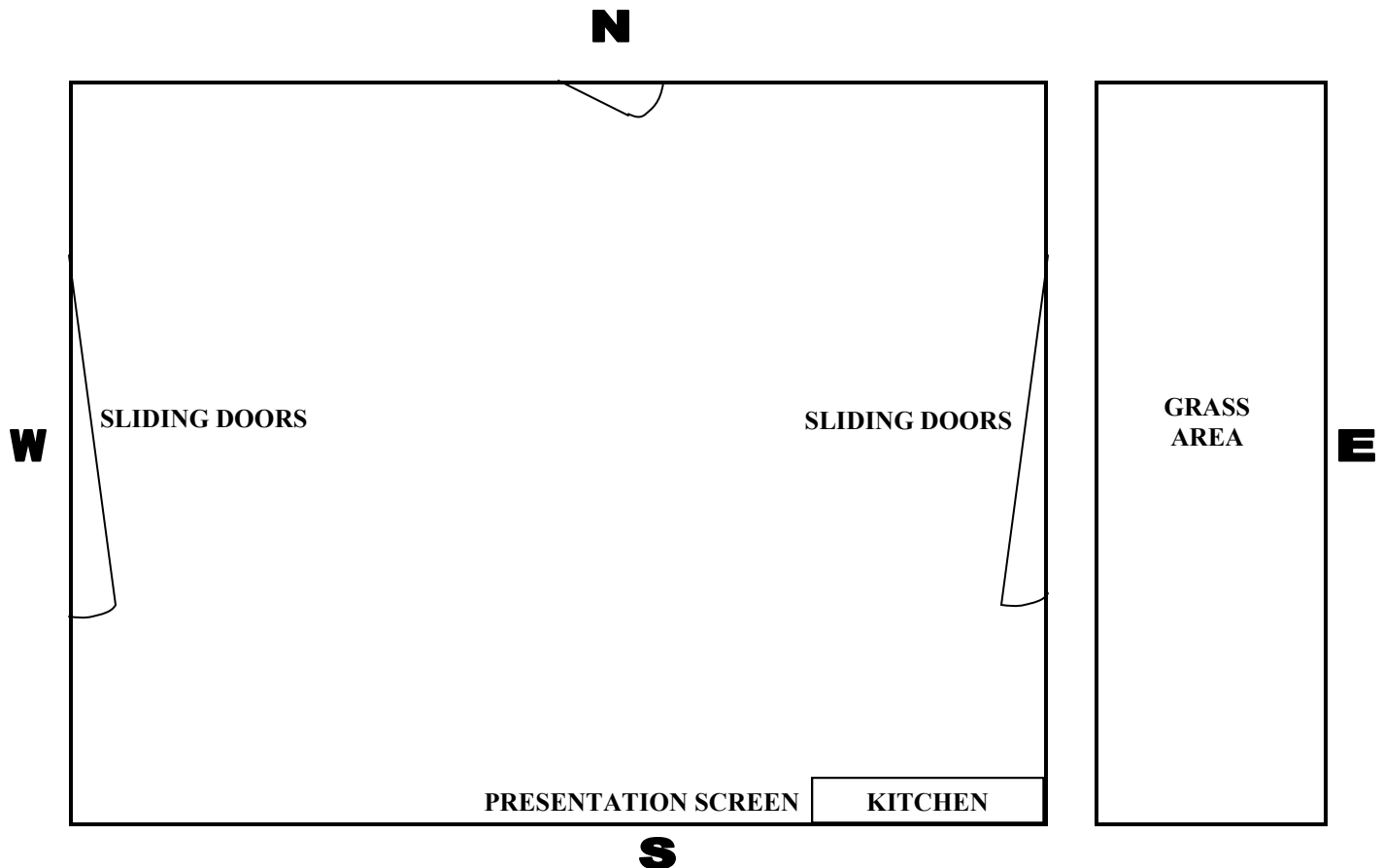
CITY OF NEWPORT BEACH CIVIC CENTER COMMUNITY ROOM

100 Civic Center Dr. Newport Beach 92660

Event Date: _____

Name: _____

1. How many chairs? _____
2. How many tables? _____ 6ft Rectangle.
3. Screen or projector? YES NO
4. DVD player? YES NO
5. CD player? YES NO
6. Microphones? YES NO
7. Coffee or food service? YES NO
8. Please indicate any other needs/setup requests: _____



PLEASE RETURN THIS FORM AT LEAST 2 WEEKS BEFORE YOUR EVENT
FOR QUESTIONS, PLEASE CONTACT
JONATHON HARMON 949-644-3150 OR JHARMON@NEWPORTBEACHCA.GOV